

# Agenda First Friday Forum

## 06/03/2011

9:00-9:15	Introductions
9:15-9:45	Janet Varon Northwest Health Law Advocates <a href="mailto:janet@nohla.org">janet@nohla.org</a>
9:45-10:00	Sue Waldin WithinReach Partnership Development and Training <a href="mailto:suew@withinreachwa.org">suew@withinreachwa.org</a>
10:00-10:30	DSHS Updates Dody McAlpine <a href="mailto:Dody.mcalpine@dshs.wa.gov">Dody.mcalpine@dshs.wa.gov</a> Karin Kramer <a href="mailto:Karin.kramer@dshs.wa.gov">Karin.kramer@dshs.wa.gov</a> Tina Hatley <a href="mailto:Tina.Hatley@dshs.wa.gov">Tina.Hatley@dshs.wa.gov</a> Hector Martinez <a href="mailto:Hector.Martinez@dshs.wa.gov">Hector.Martinez@dshs.wa.gov</a> Truong Hoang <a href="mailto:HoangTv@dshs.wa.gov">HoangTv@dshs.wa.gov</a>
10:30-10:45	Networking
10:45-11:00	Announcements

**Thank you Community Health Plan for the Coffee!!!**  
**Thank you Molina for the meeting space!!!**



This is a brief summary of the topics discussed in the June 2011 FFF meeting. If you didn't attend, please take few minutes and share this information with your colleagues and clients.

#### **Brief Reminders:**

- There is no FFF in July.
- We will have a potluck in August. Please bring something to share.
- If your email has changed please let us know in order to have an update list of your organization.

#### **Children's Medicaid**

- Undocumented children will pay a monthly premium of \$90 dollars, per child. (This amount is a close estimate to the actual price. More information will be disclosed soon).

#### **DSHS**

- Disability Life Line DL-U will be replaced by a program called **Essential Needs and Housing Support (ENHS)**, changing November 1, 2011. More information coming soon.
- The **MPA** (Medical Purchasing Administration) is merging to **Health Care Authority**. This would include for example: Take Charge Unit, Medical Assistance Line 1-800-562-3022, Coordination of Benefits, ProviderOne, Managed Care, and others. The Community Services Offices, Customer Service Call Centers will all remain with DSHS.

#### **NoHLA's**

See attached items for NoHLA's fourth update of the session. Included are a list of bills that passed the session (some still awaiting Governor's action), and a summary of major budget actions regarding health programs and services. We hope you find it helpful.

#### **Dental Visits for Adult Pregnant Women**

##### Now Scheduling Dental Visits for Adult Pregnant Women, Beginning Mid-June

Effective July 1, 2011, Washington State has reinstated Medicaid dental coverage for all pregnant women to include those ages 21 and over.

**In mid-June**, our four dental clinics at Eastgate, North, Columbia and Renton will begin scheduling adult pregnant women for dental care visits beginning in July. Please refer all pregnant women with Medicaid coverage needing dental services to our dental clinics listed below.

- Columbia Public Health Center Dental Clinic                      206-296-4625  
4400 37<sup>th</sup> Ave S, Seattle, WA 98118

- Eastgate Public Health Center Dental Clinic                      206-296-9726  
14350 SE Eastgate Way, Bellevue, WA 98007
- North Public Health Center Dental Clinic                      206-205-8580  
12359 Lake City Way NE, Seattle, WA 98125
- Renton Public Health Center Dental Clinic                      206-296-4955  
10700 SE 174<sup>th</sup>, Suite 101 Renton, WA 98055

If you have any questions concerning pregnant women access to dental services, please email:  
Maria de la Peña, Dental Operations Program Manager, [maria.delapena@kingcounty.gov](mailto:maria.delapena@kingcounty.gov)  
Moffett Burgess, Dental Director, [moffett.burgess@kingcounty.gov](mailto:moffett.burgess@kingcounty.gov)

### **Summer Meals & Snacks for Kids**

See attached information below and share it with your community.

# Directions to New Holly

## 7054 32nd Ave South, Seattle, WA 98118

### **From I-5 Southbound**

Take exit # 161 (Swift Avenue/Albro Place)

Turn left off the exit and cross over the freeway

Turn right onto Swift Avenue South

Proceed south on Swift Avenue and go straight through the traffic light, crossing Beacon Avenue; You are now on Othello Street

Turn left at the traffic light onto 32nd Ave S

New Holly Campus is located on your right

### **From I-5 Northbound**

Take exit # 157 (Martin Luther King Way S.)

Proceed approximately 2 miles to Othello St and turn left

Proceed West on Othello and turn right onto 32nd Ave S

New Holly Campus is located on your right

**Health Care Access in the Washington Legislature – Bills of Interest**  
**Prepared by Northwest Health Law Advocates**  
**As of May 31, 2011**

This update provides information about bills that passed the Washington State Legislature. Some of the bills listed below are still awaiting Governor's action. May 25 was the last day of the special session.

\*\* = Affordable Care Act (ACA) Related Legislation

<b>Issue/Bill Name</b>	<b>Bill # Sponsor</b>	<b>Description</b>	<b>Status</b>
<b>PUBLIC PROGRAMS/PUBLIC HEALTH</b>			
<b>**Regarding statutory changes needed to implement a waiver to receive federal assistance for certain state purchased public health care programs.</b>	<b>SHB 1312</b> Cody et al.	Statutory changes needed to implement a waiver to receive Medicaid matching funds for the state Basic Health and Disability Lifeline programs. The federal Centers for Medicare and Medicaid services granted this waiver in January 2011. Includes provision to move Medicaid-eligible BH clients to Medicaid.	Enacted
<b>Restricting the eligibility for the basic health plan to the basic health transition eligibles population under the Medicaid waiver.</b>	<b>HB 1544</b> Hunter, Anderson	Restricts eligibility for the basic health plan to the basic health transition eligibles population under the Medicaid waiver. This affects immigrants and people with unearned income over 133% FPL who were disenrolled effective 3/1/11.	Enacted
<b>Changing the designation of the Medicaid single state agency.</b>	<b>2E2SHB 1738</b> Cody, Jinkins  *Gov. request	Transfers powers, duties, and functions of the department of social and health services pertaining to the medical assistance program and the medicaid purchasing administration to the health care authority.	Enacted
<b>Regarding providing eyeglasses to Medicaid enrollees.</b>	<b>SSB 5352</b> Warnick and Reykdal	Permits the sale to health care providers of glasses, produced through inmate work programs, previously covered under the Medicaid program. The providers can in turn sell the glasses at cost to Medicaid enrollees.	Enacted

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<b>Making changes to the disability lifeline program.</b>	<b>ESHB 2082</b> Darneille et al.	The Disability Lifeline (DL) program is eliminated effective October 31, 2011. The Medical Care Services (MCS) part of the program remains with the same eligibility criteria based on incapacity. In place of DL financial assistance will be three new programs: (1) Aged, Blind or Disabled (ABD) assistance, providing financial support (currently \$197 per month) and MCS. This is for people likely to be eligible for SSI (like current DL-X) or found permanently disabled by the SSA but is not eligible for other reasons. (2) The Pregnant Women's Program for women ineligible for TANF due to time limits. Financial support and Medicaid are provided. (3) The Essential Needs and Housing Support (ENHS) program. Eligibility for this program is linked to eligibility for MCS. All MCS recipients will have access to "necessities banks" for personal hygiene, laundry, transportation and other items, and some will have housing support. The housing support will first go to currently homeless recipients. A contingency fund will help with housing for people who can document that they will lose their housing within 30 days once their cash grant ends. This program is limited to \$64 million. ENHS, administered by the Department of Commerce, will contract with one government or non-profit agency in each county to provide the services. DSHS must review each recipient annually to determine if they qualify for the ABD program.	Passed, pending Governor action
<b>Expanding family planning services to two hundred fifty percent of the federal poverty level.</b>	<b>SB 5912</b> Keiser et al.	DSHS is to apply for federal funding to expand eligibility for family planning services from 200% to 250% of the federal poverty level. Upon implementation of the expansion, General Fund-State allotments for the medical assistance program will be reduced by \$4.5 million.	Passed, pending Governor action
<b>Premium payments for children's health coverage for certain families not eligible for federal coverage.</b>	<b>HB 2003</b>	Apple Health for Kids: Children not meeting federal immigrant status requirements whose family income is 200-300% of the federal poverty level will pay increased premiums, no greater than the average state per capita cost of coverage.	Passed, pending Governor action

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<b>Limiting payments for health care services provided to low-income enrollees in state purchased health care programs.</b>	<b>SSB 5927</b> Keiser, Pflug  *HCA and DSHS request	Requires that managed health care systems must pay a nonparticipating provider no more than the lowest amount they pay to similar providers, for services to a patient covered by the state Medicaid, medical care services, or Basic Health programs. Providers may not balance-bill these patients.	Enacted
<b>Creating a nursing home safety net assessment.</b>	<b>SSB 5581</b> Keiser et. al.	Establishes a nursing home assessment fee that draws federal matching funds.	Enacted
<b>Concerning hospital payments.</b>	<b>HB 2069</b> Cody	Reduces hospital payments to increase the sum available to the state from the hospital safety net assessment fund. Expires 7/1/13.	Passed, pending Governor action
<b>Creating a collaborative to improve health care quality, cost-effectiveness, and outcomes.</b>	<b>ESHB 1311</b> Cody et al.	Requires the Health Care Authority to convene a collaborative to identify health care services for which there are substantial variations in practice patterns or high utilization trends in the state that are indicators of poor quality and potential waste in the health care system. Requires all state-purchased health care programs to implement certain evidence-based practice guidelines or protocols and strategies. Allows state programs to implement strategies even if the collaborative does not reach consensus.	Enacted
<b>Requiring the department of social and health services to submit a demonstration waiver request to revise the federal Medicaid program.</b>	<b>E2SSB 5596</b> Parlette et. al.	Requires the department of social and health services to submit a request for Medicaid innovation grant or a Medicaid demonstration waiver which would give the state flexibility to limit benefits and cost-sharing, change the way it reimburses providers, etc.	Enacted
<b>Concerning exemption from immunization.</b>	<b>ESB 5005</b> Keiser et. al.	Expands requirements for exempting a child from certain immunizations. Requires the form used to exempt a child from school immunizations to include a statement, to be signed by a health care practitioner, that information on the benefits and risks of immunization has been provided to the parent or legal guardian.	Enacted

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<b>PRIVATE HEALTH INSURANCE &amp; HEALTH REFORM</b>			
<b>Concerning the insurance commissioner's authority to review and disapprove rates for certain insurance products.</b>	<b>HB 1303</b> Jinkins et al.  * Ins. Comm. request	Removes the expiration of the insurance commissioner's authority to review and disapprove rates for certain insurance products.	Enacted
<b>Regulating insurance rates.</b>	<b>ESHB 1220</b> <b>Cody et al.</b>  * Ins. Comm. request	Makes rate filings for an individual or small group health benefit plan open to public inspection, except for the numeric values of rating factors used by a health carrier. Actuarial formulae, statistics and assumptions associated with new products are exempt from disclosure. OIC must prepare rate summary forms to explain findings after the rate review process is completed and make them available to the public electronically.	Enacted
<b>**Continuing the work of the joint select committee on health reform implementation.</b>	<b>ESHCR 4404</b> Schmick et al.	Continues the work of the joint select committee on health reform implementation.	Passed
<b>**Addressing the needs for health insurance coverage for persons under age nineteen.</b>	<b>ESSB 5371</b> Keiser, Conway	The state statutes governing regulated insurance carriers and health plans are modified to reflect the ACA requirement to provide coverage for persons under age 19 without application of pre-existing condition exclusions and without a health screening exam.	Enacted
<b>**Making the necessary changes for implementation of the affordable care act in Washington state.</b>	<b>ESSB 5122</b> Keiser, Kline  * Ins. Comm. request	Makes conforming changes to comply with the Federal Affordable Care Act: Coverage for dependents is extended to age 26. Lifetime benefit maximums are removed. Policies for persons under 19 may not include preexisting condition exclusions. Grievance and appeals process is modified. WSHIP lifetime maximum removed.	Enacted



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<b>**Establishing a health benefit exchange.</b>	<b>SSB 5445</b> Keiser et al.  *Gov. request	Requires the state to establish a health benefit exchange consistent with the federal Affordable Care Act (ACA). Its Board is to be appointed by the governor by December 15, 2011, based on nominations by the legislature. The board may apply for and administer grants, establish information technology infrastructure, and undertake administrative actions necessary to begin operation of the exchange by 1/1/14. Authorizes the HCA to enter into information sharing agreements and interdepartmental agreements with relevant federal and state agencies.	Enacted
<b>Requiring comparable coverage for patients who require orally administered anticancer medication.</b>	<b>EHB 1517</b>	Requires health plans that cover chemotherapy to provide coverage for prescribed, self-administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis comparable to provider-administered cancer medications.	Enacted
<b>Concerning the health insurance partnership.</b>	<b>SHB 1560</b> Cody, Jenkins	Modifies provisions relating to the small employer HIP program, removing requirement that employer establish cafeteria benefit plan, and requiring that employer not have offered insurance in previous 6 months.	Enacted
<b>STATE AGENCIES - OTHER PROGRAMS</b>			
<b>Updating the authority of the state board of health.</b>	<b>HB 1488</b> Jenkins et al.  *Board of Health Request	Modifies duties of the state board of health relating to: (1) State public health reports; (2) The federal act on maternal and infancy hygiene; (3) Services to crippled children; (4) Grant-in-aid payments for local health departments; (5) The state's participation in federal funds; and (6) Approval of contracts for the sale or purchase of health services.	Enacted
<b>Concerning oversight of licensed or certified long-term care settings for vulnerable adults.</b>	<b>SHB 1277</b> Cody  *DSHS Request	Requires DSHS to: (1) Use additional investigative resources to address a significant growth in the long-term care complaint workload; (2) Develop a statewide internal quality review and accountability program for residential care services; and (3) adopt rules with criteria for sanctions of increasing severity.	Enacted

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**OTHER BILLS OF INTEREST (bills still pending Governor's action are marked with a \*):**

**Health Insurance Coverage, Services Coordination & Regulation**

ESHB 1494: Regulates elder placement referral agencies.

HB 1709: Making certain lines of group disability insurance more available.

SSB 5042: Concerning the protection of vulnerable adults.

SB 5149: Requiring the Department of Health to collect current and past employment information in the cancer registry program.

SB 5386: Creating organ donation workgroup.

SSB 5394: Concerning primary care health homes and chronic care management.

SSB 5452: Regarding communication, collaboration, and expedited Medicaid attainment concerning persons with mental health or chemical dependency disorders who are confined in a state institution.

ESSB 5594: Regulating the handling of hazardous drugs.

ESSB 5708: Creating flexibility in the delivery of long-term care services.

SSB 5722: Concerning the use of moneys collected from the local option sales tax to support chemical dependency or mental health treatment programs and therapeutic courts.

SB 5801: Establishing medical provider networks and expanding centers for occupational health and education in the industrial insurance system.

SB 5921: Revising social service programs (develop a road map to selfsufficiency for WorkFirst participants and temporary assistance for needy families recipients).\*

SB 5773: Relating to making a health savings account option and high deductible health plan option and a direct patient-provider primary care practice option available to public employees.

**Public Health, Health Professionals, etc.**

SHB 1304: Concerning the administration of drugs by health care assistants.

SHB 1315: Concerning the employment of physicians by nursing homes.

SHB 1493: Providing greater transparency to the health professions disciplinary process.

SHB 1595: Regarding graduates of foreign medical schools.

HB 1640: Concerning respiratory care practitioners.

SB 5018: Including wound care management in occupational therapy.

SSB 5152: Regarding naturopathic physicians.

SB 5480: Concerning submission of certain information by physicians & physician assistants at the time of license renewal

E2SSB 5073: Medical use of marijuana would be more carefully regulated. PARTIALLY VETOED

## ***Health Care Access in the Washington Legislature: Biennial Budget Reductions Affecting Health Programs/Services***

The chart below summarizes the final 2011-13 biennial budget provisions related to publicly funded health programs and services (pending Governor's action). Cuts made in the earlier 2010 and 2011 supplemental budgets are retained, except where indicated. This summary is based on the May 24, 2011 [Agency Detail](#) budget document.

<b>Healthcare Program</b>	<b>Final Budget</b>
Medical Care Services for Disability Lifeline/ ADATSA	<p>No cut to MCS. However, cash benefits were eliminated:</p> <p>Disability Lifeline financial program eliminated effective 10/31/11. ABD and pregnant women cash programs only, at reduced 2011 level (\$197/month). Financial assistance for other incapacitated persons ends in Oct. Non-entitlement funding is provided to Department of Commerce for an Essential Needs and Housing Program established in ESHB 2082 (see legislative summary for more detail).</p> <p>Medical: The previous DL eligibility criteria, including \$339 monthly income level for a single person, will now be used to qualify individuals for Medical Care Services. ADATSA, ABD, and former DL-eligible individuals also qualify for MCS.</p>
Children's Health Program (immigrant children ineligible for Medicaid/CHIP)	Children not meeting federal immigrant status requirements whose family income is 200-300% of the federal poverty level will pay increased premiums, no greater than the average state per capita cost of coverage (reducing or eliminating state subsidy).
Take Charge	Increase income limit for family planning program from 200% to 250% FPL; save \$ by preventing pregnancies.
Basic Health	February 2011 restrictions to waiver-eligible individuals continue. New admissions to Basic Health will continue to be frozen throughout the 2011-13 biennium. An average of approximately 37,000 persons per month are expected to be covered by the program during FY 2012, and an average of 33,000 per month during FY 2013.
<b>Medical Assistance Services</b>	
Prescription drug copayments	The medical assistance program will seek a federal Medicaid waiver to allow implementation of enforceable copayments for prescription drugs in FY 2013. The co-payments are expected to apply to all medical assistance enrollees, and are expected to include a tiered strategy under which there would be no co-payment for most generic drugs; a \$15 co-payment for preferred brand name drugs; and 50% co-insurance for non-preferred drugs.
Emergency room utilization	Cap emergency room visits for "non-emergent" conditions at 3 per year.
Wheelchairs	Competitive contracting with manufacturers and/or distributors of wheelchairs. The competitive bidding process will be completed no later than July 2012.
Therapies – PT, OT, Speech – adults	Supplemental cut not restored. Limit number of visits/units of therapy. Patients with spinal, knee, hip, or traumatic brain injuries will receive up to 12 visits per year. All other patients will receive a maximum of six visits per year.
Durable medical equipment	Competitive contracting with manufacturers/distributors of nutritional supplements and incontinence supplies. The competitive contracting process will be completed no later than January 2012.
Prior authorization and reduced utilization	<p>-Increased review of advanced imaging technologies and of orthopedic, spinal and nerve procedures.</p> <p>-Medication Practice Improvement - The medical assistance program will partner with community mental health centers, other prescribers of adult anti-psychotic medications, and public schools of medicine and pharmacy to improve prescriptive practice and adherence with regard to the safe and effective use of antipsychotic and other medications used in the treatment of serious and persistent mental illness. The effort will include</p>

	<p>development and delivery of standard protocols and practices regarding best and promising practices; development of metrics and production of peer-comparison feedback reports for prescribers and mental health centers regarding medication adherence, poly-pharmacy, excessive dosing, and off-label use; and establishment of an access line through which community practitioners can obtain second opinion consultations regarding cases flagged for additional utilization review.</p> <p>-The medical assistance program will increase efforts to promote more cost-effective drug utilization. Efforts will focus on drugs where there is evidence of over-utilization, off-label use, excessive dosing, duplicative therapy, or opportunities to shift utilization to less expensive, equally effective formulations.</p> <p>-Efforts to reduce use of cesarean sections.</p>
SSI managed care	During FY 2013, the medical assistance program plans to transition all elderly and disabled SSI recipients into managed care. This is expected to result in reduced expenditures through more cost-effective care management, coordination, and delivery.
Maternity Support Services for at-risk pregnant women	Previous 35% cut reduced to approximately 30%.
Non-Emergency Dental Services – adults	Supplemental budget cut was restored only for pregnant women, people living in nursing homes and intermediate care facilities, and people with disabilities receiving long-term care under a home and community based care waiver. Was never cut for developmentally disabled. These services remain cut for other adults.
Hearing/Vision Aids – adults	Supplemental budget cut eliminating these items was not restored.
Chemical dependency services	Supplemental budget 11% cut was not restored (reducing in outpatient and residential services for low income individuals who do not qualify for other state programs; non-federally matched services for individuals on Medicaid or receiving medical care through the 1115 waiver; and the associated state and county administration). Funding for youth residential, pregnant and parenting women; and federally matched services for individuals on Medicaid or receiving medical care through the 1115 waiver was not reduced.
School-based medical services	This supplemental budget cut was restored using funds from school districts.
Interpreter services	No later than January 2012, the medical assistance program will develop a new system for delivery of spoken-language interpreter services. Under the new system, the medical assistance program will develop guidelines for the appropriate use of telephonic, video-remote, and in-person interpreting. The medical assistance program will contract with delivery organizations that employ or contract with language access providers or interpreters. Medical practitioners will use a secure web-based tool to schedule appointments for interpreter services that identifies the most appropriate and cost-effective method of service delivery. (\$6.1 M reduction)
Podiatry – adults	Supplemental budget cut was not restored (eliminating all but certain acute services).
Medicare Part D Copay Subsidy for Dual- eligible adults	Supplemental budget cut was not restored.
Personal Care hours – adults	Supplemental budget 10% cut was not restored.

FREE

# Summer Meals and Snacks for Kids

The Summer Meals Program feeds kids and teens 18 years and under. Sites are located at places such as schools, parks and community centers.



To find the location and time of Summer Meals sites nearest you,

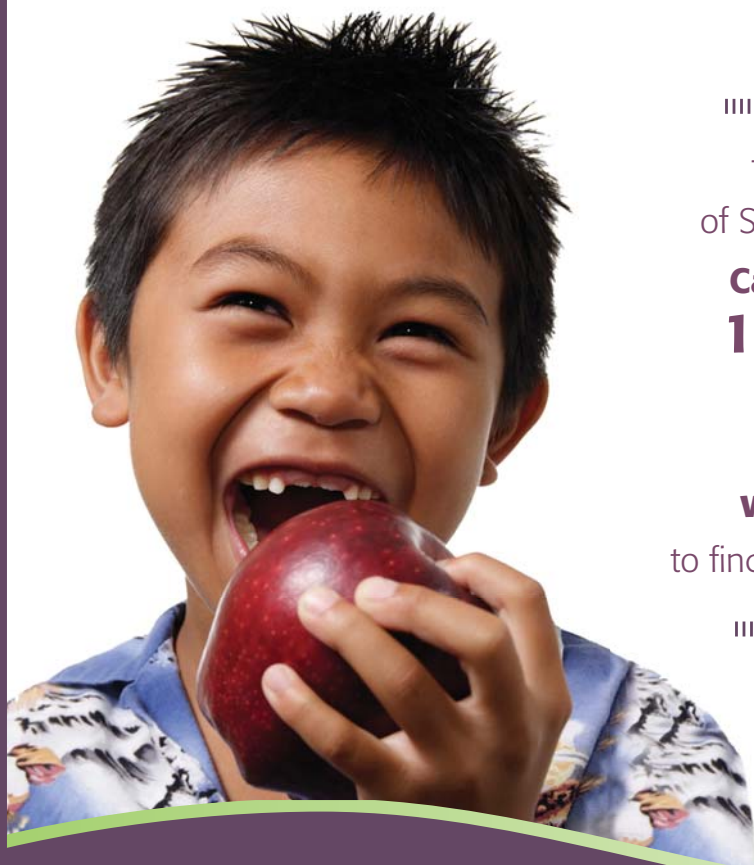
**Call the Family Food Hotline  
1-888-4-FOOD-WA**

(1-888-436-6392)

**or visit**

**[www.ParentHelp123.org](http://www.ParentHelp123.org)**

to find your Summer Meals sites online.



programs of

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# GRATIS

## Comidas de Verano y Meriendas para Niños

El programa Comidas de Verano provee alimentos para niños y menores de 18 años de edad. Sitios existen en lugares como las escuelas, parques y centros comunitarios.



Para encontrar el lugar y horario del sitio de Comidas de Verano más cercano, llame a la

**Línea de Family Food**  
**1-888-4-FOOD-WA**  
(1-888-436-6392)

**o visite**  
**www.ParentHelp123.org**  
para encontrar un sitio de Comidas de Verano por internet.

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